

DURHAM



1869  
CITY OF MEDICINE

**CITY OF DURHAM PARKS AND RECREATION  
DEPARTMENT**



**Volunteer Application**

Volunteer's Information:

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

I, \_\_\_\_\_ hereby volunteer to perform the duties of \_\_\_\_\_. These duties will be performed at \_\_\_\_\_. I understand that I will perform those duties from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) ☐ this is an on-going program with varying times and days.

I hereby state that I am acting in a volunteer capacity for the City of Durham. I agree to follow Durham Parks and Recreation (DPR) policies and procedures to the best of my ability and agree to respect the confidential nature of information I may obtain as a volunteer for DPR. I understand that a criminal records check may be conducted if it is required by my volunteer placement and that references may be contacted. I also understand that DPR reserves the right to deny or discontinue the services of any volunteer at any time.

I waive and release any potential claims against the City of Durham for damages or injuries received while acting as a volunteer, including and not limited to volunteer efforts during bus/field trips, swimming, and other functions.

Are you a current or have you ever been a City of Durham employee? ☐ yes ☐ no

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*required if volunteer is under 18 years of age

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Revised 3/2016

## EMERGENCY CONTACT INFORMATION:

The information contained in this form will be kept confidential.

### **Emergency Contact:**

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact #(s): Home #: \_\_\_\_\_ Alternate #: \_\_\_\_\_  
Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact #(s): Home #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

### **Medical Information:** (This information is helpful if a medical emergency arises)

Allergies: \_\_\_\_\_

Current Medications/Physical Conditions: (please list only medications that medical personnel would need to be aware of in an emergency situation: i.e. blood pressure medication, insulin):

\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Special Provisions: \_\_\_\_\_

I, \_\_\_\_\_ give my permission to the City of Durham Parks and Recreation Department staff to release the information contained on this form to emergency service workers.

I agree that the Director or designee may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Revised 3/2016